## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc of Kona-Kona Krafts (DDDH)	CHAPTER 89
Address: 82-1055 Kiloa Road, Captain Cook, Hawaii 96704	Inspection Date: March 21, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IE IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
<b>X</b> -	§11-89-14 Resident health and safety standards. (e)(1)	PART 1	Date
	Medications:		
• .	All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled	DID YOU CORRECT THE DEFICIENCY?	
	workcabinet/workcounter apart from either residents' bathrooms or bedrooms.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS Anbesol Oral Anesthetic/Benzocaine 20% gel was left unsecured on the resident's drawer in the bedroom #4.		
		11-89-14 (e) (1)	-
		For Resident #1 Anbesol Oral Anesthetic/Benzocaine 20% gel was removed from his room.	3/21/19
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-89-14 Resident health and safety standards. (e)(1) Medications:  All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.  FINDINGS  Anbesol Oral Anesthetic/Benzocaine 20% gel was left unsecured on the resident's drawer in the bedroom #4.	PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  11-89-14 (e) (1)  Arc of Kona – Kona Krafts DOM Home staff will document weekly at end of shift report that each Residents room was examined for any medicines that were not Prescribed by a Physician. Shift reports will be reviewed By Arc of Kona – Kona Krafts DOM Home Manager on a monthly basis.	<b>Date</b> 3/21/19
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-89-14 Resident health and safety standards. (e)(5) Medications:  All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.  FINDINGS  Resident #2 — There was Anbesol Oral  Antiesthetic/Benzocaine 20% gel in the resident' bedroom. However, there was not physician's order for the medication for the resident #2.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  11-89-14 (e) (5)  Arc of Kona – Kona Krafts DOM Home staff talked with Resident #2, Resident #2 stated Anbesol oral Anesthetic/Benzocaine 20% gel not needed. Medicine was disposed of by Arc of Kona – Kona Krafts DOM Home Staff.	3/21/19

	RULES (CRITERIA)		1
	TOTAL COLLEGE	PLAN OF CORRECTION	Completion
X	§11-89-14 Resident health and safety standards. (e)(5)		Date
223	Medications: (e)(5)	PART 2	
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	All medications and supplements, such as vitamins,	<u>FUTURE PLAN</u>	
	minerals, and formulas shall be made available by written		
	physician order and shall be based upon current evaluation of the resident's condition.	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	of the resident's condition.	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	FINDINGS	IT DOESN'T HAPPEN AGAIN?	
	Resident #2 - There was Anbesol Oral	,	
	Antiesthetic/Benzocaine 20% gel in the resident' hedroom		
	However, there was not physician's order for the medication.		
'	for the resident #2.	11-89-14 (e) (5)	1
		In the Future, appointments will be made with	]
		Physician to prescribe any medications needed	3/22/19
	•	For Arc of Kona – Kona Krafts DOM Home Residents.	
		In edition, Arc of Kona – Kona Krafts staff held a meeting	
		With all Residents to discuss the importance of having	
		Doctors prescribe all medicines.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-14 Resident health and safety standards. (e)(5) Medications:  All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.  FINDINGS Resident #1 — Per medication administration records, Prednisone AC 1% eye drop was discontinued on 6/3/2018. There was no physician's order for discontinuation.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  11-89-14 (e) (5)  Please see Quarterly Medication Evaluation from 1/4/18. Doctor noted Prednisone AC 1% eye drop Take as needed once a day until runs out. Also, Noted on Kona Krafts DOM Home Medication Record under changes to medications. Both of these documents were purged and recovered in 2017-2018 fiscal year file for your review. Please See documents enclosed.	3/21/19

	RULES (CRITERIA)		
		PLAN OF CORRECTION	Completion
	\$11.00.14 Decidents of the second		Date
	§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:	PART 2	
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	All medications and supplements, such as vitamins,	FUTURE PLAN	
	minerals, and formulas shall be made available by written	I O I O I EVAIV	
	physician order and shall be based upon current evaluation	TICE THIS ON A COURSE A STATE AND THE STATE OF THE STATE	
	of the resident's condition.	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
		PLAN: WHAT WILL YOU DO TO ENSURE THAT	
.	FINDINGS	IT DOESN'T HAPPEN AGAIN?	
	Resident #1 - Per medication administration records,		
	Prednisone AC 1% eye drop was discontinued on 6/3/2018		
	There was no physician's order for discontinuation.		
		11-89-14 (e) (5)	
		Please see Quarterly Medication Evaluation from	
		1/4/18. Doctor noted Prednisone AC 1% eye drop	
		Take as needed once a day until runs out. Also,	3/21/19
		Noted on Kona Krafts DOM Home Medication	
		Record under changes to medications.	
		Both of these documents were purged and recovered	
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		In 2017-2018 fiscal year file for your review. Please	
		See documents enclosed.	
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Completion Date			
PLAN OF CORRECTION	PART1		Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.
RULES (CRITERIA)	§11-89-18 Records and reports. (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:	Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;	Resident #1  - Ketotifen Fun 0.025% eye drops were started after Tobramycin-Dexameth Opth Susp was finished 7/20/18. No documentation was made regarding changing medication in progress notes.  - Discontinuation of Predmisone AC 1% eye drops on 6/3/18 was not documented in progress notes.
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
×	§11-89-18 Records and reports. (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:	PART 2 <u>FUTURE PLAN</u>	
	Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	FINDINGS Resident #1	11-89-18.(b) (2)	
	- Ketotifen Fun 0.025% eye drops were started after Tobramycin-Dexameth Opth Susp was finished 7/20/18. No documentation was made regarding changing medication in progress notes Discontinuation of Prednisone AC 1% eye drops on 6/3/18 was not documented in progress notes.	In the Future, documentation of changes of medications will be made in progress notes by Arc of Kona – Kona Krafts DOM Home Staff.  To ensure that this happens, Arc of Kona – Kona Krafts DOM Home Manager will Review progress notes monthly regarding changes in medications.	3/21/19
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	\$11-89-18 Records and reports. (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:  Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;  FINDINGS  Resident #1 — In the current Individual Plan dated 7/24/18, goals at home include to increase meal preparation skills. However, there is no documentation regarding meal preparation activities in progress notes.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-89-18 Records and reports. (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:  Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;  FINDINGS  Resident #1 — In the current Individual Plan dated 7/24/18, goals at home include to increase meal preparation skills. However, there is no documentation regarding meal preparation activities in progress notes.	PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  11-89-18 (b) (2)  Please see Clinician report for Resident #1 for Documentation inputted in Therap Software Program used for criteria for completion regarding meal preparation activities.  Documents were recovered from Therap Software Program and are available at any time for review. Please see documents enclosed.	3/22/19

Licensee's/Administrator's Signature:	Tuesale /-
Print Name:	Michele L. Fu
Date: _	4/1/2019